



Board of Social Work Examiners

PO Box 110806, Juneau, AK 99811-0806

(907) 465-2550

Email: SocialWorkExaminers@alaska.gov

Website: ProfessionalLicense.Alaska.Gov/SocialWorkExaminers

Clinical Social Worker Emergency Courtesy License Application

An Emergency Courtesy License authorizes an individual to practice teletherapy as a clinical social worker in Alaska for a period of 90 days, in accordance with 12 AAC 18.111.

Only Clinical Social Workers that hold a current license in another state or jurisdiction may use this form to apply for an Emergency Courtesy License to practice teletherapy during the COVID-19 emergency.

The board will not issue, and a courtesy license holder may not use a courtesy license as a substitute for a temporary license, or other license required under AS 08.95, or to evaluate employment opportunities.

The following must be received by the division before your application can be reviewed:

1. APPLICATION

A completed application.

2. FEES

Payment of required fees.

Non-refundable Application Fee: \$50.00

Emergency Courtesy License Fee: \$80.00

3. LICENSE VERIFICATION

Verification of an unencumbered clinical social work license in another state or jurisdiction must be received.

This may be verified online and submitted via email to the socialworkexaminers@alaska.gov or submitted electronically by the licensing state or jurisdiction (Form #08-4739a).

PART IV Professional Fitness Questions

The following professional fitness questions must be answered.

“Yes” answers may not automatically result in license denial. If you answer “Yes” to any of the questions, please explain dates and specific circumstances (locations, type of action, organizations or parties involved) on a separate piece of paper, signed and dated, and send any supporting documents that are applicable (court records, judgments, charging documents, certificates of completion, board or license actions, investigative notices, etc.).

If you answer “Yes” to questions 6, 7, or 8, you must also submit a statement from your health care provider indicating your ability to safely practice as a Clinical Social Worker. Applications submitted without the appropriate attachments will be considered incomplete and will not be processed.

When in doubt, disclose and explain.

- | | | |
|-----------|---|---|
| 1. | Have you ever been disciplined by any state board for any violation of the Social Work Practice Act or unethical conduct? | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
| 2. | Have you ever had an application for a professional license denied? | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
| 3. | Have you ever had a license to practice social work revoked, suspended, restricted, or limited? | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
| 4. | Have you ever been investigated by a licensing authority or professional association even if no disciplinary action resulted? | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
| 5. | Have you ever had any malpractice settlements or judgments paid on your behalf? | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
| 6. | Have you been convicted of a criminal offense other than a minor traffic violation? | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
| 7. | Are you now or within the past 5 years, been treated or hospitalized for emotional or mental illness, drug addiction or alcoholism which may impair or interfere with your ability to practice social work? | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
| 8. | Are you now or within the past 5 years, been treated or hospitalized for emotional or mental illness, drug addiction or alcoholism which may impair or interfere with your ability to practice social work? | <input type="checkbox"/> Yes
<input type="checkbox"/> No |



THE STATE
of **ALASKA**

Department of Commerce, Community and Economic Development
Division of Corporations, Business and Professional Licensing

CSW

FOR DIVISION USE ONLY

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Signature Page

Applicant Name:	
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PART VI Agreement

I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted herewith are true and correct.

I understand that any falsification or misrepresentation of any item or response in this application, or any attachment hereto, or falsification or misrepresentation of documents to support this application, is sufficient grounds for denying, revoking, or otherwise disciplining a license, certificate, or permit to practice in the state of Alaska.

I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

Applicant's Signature:		Date:	
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Verification of Licensure

The information below must be completed by the State Licensing Board; it may not be completed by the applicant.

Name of Licensee:		State/Jurisdiction:	
Degree Awarded:			
License number:		Type of License:	
Licensed By:	<input type="checkbox"/> Credentials <input type="checkbox"/> Examination		
	Date of Exam:		
	Exam administered by ASWB?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Level was the examination administered?	<input type="checkbox"/> Basic <input type="checkbox"/> Masters <input type="checkbox"/> Clinical	
Exam Results:	<input type="checkbox"/> Pass <input type="checkbox"/> Fail		
Initial License Date:	mm/dd/yyyy	Expiration Date:	mm/dd/yyyy

- Has the license ever been revoked, suspended, placed on probation, or restricted in any way? If yes, please enclose an explanation or documentation. Yes No
- Is the licensee the subject of a pending disciplinary proceeding? Yes No
- Has the licensee ever been the subject of an unresolved complaint, review procedure, or disciplinary action? Yes No



If you answer "Yes" to any question above, please attach a detailed explanation or documentation signed and dated by the person whose signature appears below.

Provide any information you believe relevant to the applicant's qualifications and fitness to practice social work:

Seal	Signature:	Date:
	Printed Name	Title
	Phone	Email



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PO Box 110806, Juneau, AK 99811
Phone: (907) 465-2550

Credit Card Payment Form

All major credit cards are accepted. For security purposes, do not email credit card information. Include this credit card payment form with your application.

Name of Applicant or Licensee: _____

Program Type: _____ License Number (if applicable): _____

I wish to make payment by credit card for the following (check all that apply):

- | | AMOUNT |
|--|---------------|
| <input type="checkbox"/> Application Fee: _____ | _____ |
| <input type="checkbox"/> License or Renewal Fee: _____ | _____ |
| <input type="checkbox"/> Other (name change, wall certificate, fine, duplicate license, exam, etc.): | |
| 1. _____ | _____ |
| 2. _____ | _____ |

TOTAL: _____

Name (as shown on credit card): _____

Mailing Address: _____

Phone Number: _____ Email (optional): _____

Signature of Credit Card Holder: _____

08-4438

Rev 12/26/18

Credit Card Payment Form (all major cards accepted)

CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!	
<p>1. Credit Card Number: _____</p> <p>2. Expiration Date: _____</p> <p>3. Security Code: _____</p>	<p>All 3 fields MUST be completed!</p> <p>This section will be destroyed after the payment is processed.</p>